

CASE # \_\_\_\_\_ FUNDING SOURCE: \_\_\_\_\_

# OVERLAND, PACIFIC & CUTLER, INC. - RESIDENTIAL INTERVIEW FORM

Interview Date: \_\_\_\_\_ Site Move-In: \_\_\_\_\_ Initiation of Negotiations: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Head of Household \_\_\_\_\_

Address: \_\_\_\_\_ # \_\_\_\_\_

Site Telephone # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number : \_\_\_\_\_

## DISPLACEMENT STATISTICS

Dwelling Type \_\_\_\_\_ Approx. Sq.Ft. \_\_\_\_\_

Approximate Age of Unit: \_\_\_\_\_ yrs. \_\_\_\_\_

# Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_ # Rooms \_\_\_\_\_ ☐ Laundry Fac.

☐ Garage ☐ Carport ☐ Pets: If so, describe \_\_\_\_\_

Mobile Home: Size: \_\_\_\_\_ ft x \_\_\_\_\_ ft

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Pad Rent: \$ \_\_\_\_\_

## OCCUPANCY / FINANCIAL INFORMATION

Occupancy Status: ☐ Own ☐ Rent

Condition of unit : ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Home business? \_\_\_\_\_ Description \_\_\_\_\_

Do you rent out any rooms in the dwelling? ☐ Yes ☐ No

If so, names: \_\_\_\_\_

If so, is person or persons considered part of household? ☐ Yes ☐ No

Owners: ☐ Mortgage ☐ Own Clear

Monthly Payment: Principal \$ \_\_\_\_\_

Loan Balance(s) as of \_\_\_\_\_ : \$ \_\_\_\_\_

Loan Type: ☐ Fixed ☐ Variable Annual % Rate \_\_\_\_\_

Loan Type: ☐ Fixed ☐ Variable Annual % Rate \_\_\_\_\_

Original Date(s) of Current Loan(s) : \_\_\_\_\_

Rem. Loan Term \_\_\_\_\_ Months Rem. Loan Term \_\_\_\_\_ Months

Renters: ☐ Total Monthly Rent: \$ \_\_\_\_\_ Landlord \_\_\_\_\_

☐ Written Agreement Date \_\_\_\_\_

☐ M/M ☐ Lease ☐ Vacant/No Contact

☐ Unit Furnished ☐ Unit Unfurnished ☐ Security Deposit? \$ \_\_\_\_\_

If Sect.8, Total Tenant Rent. \$ \_\_\_\_\_

Caseworker: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## OTHER:

### ETHNICITY:

- ☐ White ☐ Asian  
☐ Hispanic/Latino  
☐ African American  
☐ Other \_\_\_\_\_

### PRIMARY LANGUAGE:

- ☐ English ☐ Spanish  
☐ Other: \_\_\_\_\_

### SPECIALIZED NEEDS:

- ☐ AFDC / TANF, Pension  
 SS, SSI

- ☐ Other Public Assistance  
 (ask for Entitlement Letter)

- ☐ Elderly Household

- ☐ Handicapped  
 Household:

Describe: \_\_\_\_\_

Need Barrier-Free: Yes ☐ No ☐

Own Car? Yes ☐ No ☐

☐ Need access to public  
 transportation?

Describe mode: \_\_\_\_\_

☐ Need to live near medical  
 facilities? Describe location: \_\_\_\_\_

☐ Other Special needs or  
 services requested:

Describe: \_\_\_\_\_

## Monthly Utilities:

Which \_\_\_\_\_

Gas: ☐ Tenant ☐ Owner

Electricity: ☐ Tenant ☐ Owner

Water: ☐ Tenant ☐ Owner

Other: \_\_\_\_\_

## Appliances Owned by Tenant:

- ☐ Stove ☐ Refrigerator ☐ W/D  
☐ Other \_\_\_\_\_

Are all occupants planning to move  
 at the same time, and to the same  
 replacement dwelling?

☐ Yes ☐ No

Please explain: \_\_\_\_\_

HOUSEHOLD MEMBERS	SEX	AGE	move-in	INCOME	RELATIONSHIP/ EMPLOYER/SCHOOL
1	M F				
2	M F				
3	M F				
4	M F				
5	M F				
6	M F				
7	M F				

Notes:

I certify that all the information on this survey is true and correct.

Respondent: \_\_\_\_\_

Date: \_\_\_\_\_

=RM-20